# Medicaid Information Bulletin

## October 1999

> **Visit the Utah Medicaid Program on the Internet:   http://www.health.state.ut.us/medicaid**

**This bulletin is available in editions for people with disabilities.**
**Call Medicaid Information:**
**538-6155**
**or toll free 1-800-662-9651.**

## 99 - 83    Mailing Address Reminder

It has been more than a year now since the Medicaid post office box changed.  The postal service is now returning any incorrectly addressed mail.  Please check all envelopes to make sure your claims are being sent to the correct Post Office box.

Bureau of Medicaid Operations
P.O. Box 143106
Salt Lake City, Utah 84114-3106

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## 99 - 84    Laboratory Services -- CLIA Requirements

The CLIA lists, CLIA Certificates and Excluded Codes and CLIA Waiver Kits, have been updated.  Labs and providers of physician services will find a copy of the CLIA lists attached.  Please remove the existing lists and replace with the October 1999 lists attached.

Other providers who want the revised lists should contact Medicaid Information; ask for the October 1999 CLIA lists.

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## 99 - 85    Preauthorization Criteria for Wheelchairs Revised

One additional specification is added to the preauthorization criteria for specialized and motorized wheel chair authorization:

Specialized and Motorized wheel chair authorizations may require onsite review by Medicaid staff.

This statement is added to SECTION 2, Medical Suppliers, page 14, at the end of the second paragraph under item **Specialized Wheelchairs**.  □

## 99 - 86    Y2K Update

Utah Medicaid is prepared for January 1, 2000.  System testing completed in March 1999, verifies that the Medicaid computer system will be ready to process claims without delay.  We will continue to accept standard electronic claim formats and standard claim forms, and there will be no change in the system of payments or the appearance of the paper or electronic remittance statements.

The Utah Department of Health, Division of Health Care Financing, which administers the Medicaid program, has a Y2K contingency plan in place.  However, it does not include a plan to pay if you are unable to bill, so please check to be sure you have the ability to send claims which are Y2K-compliant.

In July 1999, Medicaid sent a Y2K preparedness survey to Medicaid providers.  If you have not yet returned the survey, you can still return it to:

Medicaid Y2K Survey
P. O. Box 143106
Salt Lake City UT 84114

As indicated in the survey, if you have questions or need help about submitting Medicaid claims as of January 1, 2000, the following information is available:

o   Quarterly Medicaid Information Bulletins include Y2K information beginning July, 1998.

o   The Utah Y2K web site, address "www.das.state.ut.us/year2000," has information.

o   If you have a question about your billing software or hardware, please contact your vendor.

o   If you have a Medicaid-specific question, please call Medicaid Information, telephone 538-6155 or toll-free 1-800-662-9651, and press 3, then 5.   □

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- From other states, call **1-801-538-6155**.

## 99 - 87    "Y2K: The Bug that Health Care Can't Shake"

The following excerpt is from an article concerning Y2K readiness which appeared in the Washington Post on Tuesday, August 10, 1999, page A17:

**Y2K   The Bug That Health Care Can't Shake?**
by Stephen Barr

"Virtually every major federal agency has conducted 'outreach activities' to notify private-sector companies and their trade associations about potential Year 2000 computer problems. But one of the largest efforts in the government has not produced encouraging results.

The Health Care Financing Administration (HCFA), which oversees the Medicare program, sent letters this year to more than 1.1 million hospitals, doctors, laboratories, medical suppliers, nursing homes and other health care providers.  The agency sponsored Y2K conferences and set up a toll-free hot line to provide advice on how to fix computer systems at risk of malfunctioning because they interpret the year code "00" as 1900 instead of 2000.

HCFA uses about 70 contractor systems, many operated by insurance companies, to pay claims submitted electronically by hospitals, doctors, managed-care plans and others.  As the nation's largest health insurer--expected to pay $288 billion in benefits next year--HCFA does not want to be swamped in paper claims next year or face delays in making payments because doctors and other health care providers cannot successfully submit electronic claims.

Despite HCFA's efforts to alert the health care industry to Y2K glitches, the General Accounting Office (GAO) has estimated that only 2 percent of the approximately 10,000 providers invited to HCFA-sponsored Y2K conferences attended such sessions.  Less than 1 percent of Medicare providers have called the HCFA hot line.

HCFA also directed its contractors to run Y2K tests within the health care community, but the GAO found the tests were limited and those that were conducted turned up problems in data exchanges between computer systems.

In one case, a Medicare contractor ran tests with 434 doctors and other practitioners and encountered problems with 28 percent of their claims.  About 2 percent involved "critical failures" that produced dates of 1900 or 1901.  When HCFA's computers receive claims with those dates, the system won't allow them, kicking them back with instructions to resubmit.

The GAO findings, dated July 28, were released last week by the House Commerce Committee, chaired by Rep. Thomas J. Bliley Jr. (R-Va.).  The GAO followed up the report with a briefing for Sen. Charles E. Grassley (R-Iowa), chairman of the Senate Special Committee on Aging, which urged HCFA to conduct more comprehensive Y2K tests.  "The work remaining to provide assurance that the vast array of information systems will be fully Y2K compliant well exceeds the time available," Grassley said in a letter to HCFA.

HCFA deputy administrator Michael Hash said Medicare would be ready to pay claims Jan. 1, but said many "health care providers do not seem to understand the urgency and importance of Y2K readiness."

**Surveys That Don't Tell the Story**

Industry surveys also have not helped get a handle on the scope of potential Y2K problems in the health care industry.  In its report to the House Commerce Committee, the GAO said surveys conducted by trade associations and other groups were based on low response rates that provided insufficient information to assess the health care industry's Y2K readiness.

Privately, government officials fear that at least one-third of doctors, hospitals, labs and other health care providers in the Medicare program may wait to see if their computers malfunction before trying to make Y2K fixes.  "We don't know where they are at, what they're doing or if they are aware of Y2K," one official said.

At a news conference last week, the White House's Y2K troubleshooter, John A. Koskinen, said the health care sector was a "diffuse industry that's difficult for us at the federal level to reach out to on an individual, institution-by-institution basis. . . .  Our problem here in many ways is the lack of data."

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## 99 - 88　Transportation Providers: Enrollment Criteria Revised

Medicaid transportation enrollment criteria have been updated. Taxi and van providers must have in their files for audit purposes a copy of each of the following documents:

- Valid Utah Class "D" with Z attachment or a Utah Class "C" drivers license as required by the Department of Motor Vehicles for the type of vehicle driven.
- Company liability insurance policy for an amount not less that $500,000 per incident and $1,000,000 aggregate. The Utah Department of Health, Attn: DHCF, Bureau of Medicaid Operations shall be named on the insurance as the additional insured.
- Current state registration for each company vehicle.
- Current local business license.

### Other Non-Emergency Transportation after hours.

Routine transportation after hours is transportation occurring before 7:30 A.M. and after 5:30 P.M.. Medicaid will not cover after hours transportation, except in urgent situations (ambulance transport not indicated) requiring services by an emergency care facility, such as emergency room, Instacare, Night Time Pediatrics, or an after-hours clinic. This after hour transportation limitation includes dialysis patients who have requested early and late appointments to facilitate dialysis. Dialysis should be scheduled between 8:00 a.m. and 5:00 p.m. to allow transportation during normal working hours. After hours charges may be the responsibility of the client.

### Specialized Van service Codes Revised

Specialized van trips are now divided into two categories: (1) trips 50 miles and under, one-way, and (2) trips 51 miles and over, one-way. For one-way trips 50 miles and under, use code A0130 to bill both base rate and mileage. For one-way trips 51 miles and over bill using code Y1170 for base rate and code Y1171 for mileage.

- NOTE: Codes Y1170 and Y1171 were inadvertently switched on page 20 of Section 2, Medical Transportation, Chapter 7 - 3, Specialized Van Service Codes, dated December 1998. Y1170 is for the base rate, 51 miles and over, one-way, and Y1171 is for mileage, 51 miles and over, one-way.

- Prior authorization or transportation sticker is required for specialized van services.
- Code Y1161, stretcher, vans, may not be billed for services on or after October 1, 1999.

### Medical Transportation Manual Updated

Transportation providers will find attached pages 1, 2 - 3, 6 - 7 and 20 - 21 to update their SECTION 2 of the Utah Medicaid Provider Manual.　□

## 99 - 89　CHEC Rates Adjusted

Effective 01 July, 1999, rates for CHEC well-child exams were adjusted. The new rates were re-based using the 1999 RBRVS (Resource-Based Relative Value Scale). The entire Physician Fee Schedule is affected-not just the CHEC well child codes. However, we reported rates in the July 1999 MIB, which were effective 01 March, and are different than the rates effective 01 July. Questions or concerns about the new rates may be addressed to the Reimbursement Unit.

| CPT Code | Description | New Fee |
|---|---|---|
| **New Patient** | | |
| 99381 | Infant <1 Yr | $54.21 |
| 99382 | early childhood (1 through 4) | $61.52 |
| 99383 | late childhood (5 through 11) | $61.52 |
| 99384 | adolescent (12 through 17) | $68.83 |
| 99385 | adult (18 through 21) | $65.39 |
| **Established Patient** | | |
| 99391 | Infant <1 Yr | $45.60 |
| 99392 | early childhood (1 through 4) | $52.91 |
| 99393 | late childhood (5 through 11) | $52.91 |
| 99394 | adolescent (12 through 17) | $60.23 |
| 99395 | adult (18 through 21) | $57.43 |
| **New Born Care\*** | | |
| 99431 | history and exam (hospital/birthing room) | $50.76 |
| 99432 | normal newborn care (other than hospital/br) | $56.14 |
| 99435 | history and exam (newborns assessed and discharged on the same date) | $64.10 |

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## 99 - 90    Dental Care Services Policy Updated and Reissued

The Medicaid Dental Provider Manual has been revised and reissued.  Policy changes are described in this bulletin.

### Dental Spend-ups

Medicaid clients in the dental program may choose to upgrade a covered service to a non-covered service if they assume the responsibility for the difference in the fee and the provider follows the criteria stated in the Utah Medicaid Provider Manual, SECTION 1, GENERAL INFORMATION, Chapter 6 - 9, Exceptions to Prohibition on Billing Patients.  Also, note the method for calculating the difference in fee as stated in the Utah Medicaid Provider Manual, SECTION 2, DENTAL SERVICES, Chapter 3, Dental Spend-ups.

Procedures which can be upgraded:

- ▸ Covered amalgam fillings to non-covered composite resin fillings
- ▸ Covered stainless steel crowns to non-covered porcelain or cast gold crowns
- ▸ Covered anterior stainless steel crowns (deciduous) to non-covered anterior stainless steel crowns with facings (composite facings added or commercial or lab prepared facings)

### Additional criteria added to the partial denture criteria

Medicaid will cover a partial denture if it is opposed by a complete denture if the patient does not have at least two posterior teeth in occlusion on both sides of the dental arch.

### Oral Sedation and Behavior Management

Medicaid will cover sedation for children and other cases needing sedation in the following way.  Behavior management, D9920, is not covered.  Nitrous Oxide analgesia is not covered.  Oral sedation medications are covered under the Medicaid pharmacy program by prescription only, but oral sedation under code D9630, is not covered.  Sedation by intra oral injection is reimbursable using code D9610, injection of sedative.

Non-covered services may be billed to the patient only if the certain conditions are met.  Refer to the Utah Medicaid Provider Manual, SECTION 1, GENERAL INFORMATION, Chapter 6 - 9, Exceptions to Prohibition on Billing Patients, or to SECTION 2, DENTAL SERVICES, Chapter 3, Dental Spend-ups.

### Dental Care Services Manual Updated

Dental care providers will find attached an updated SECTION 2 to update the Utah Medicaid Provider Manual.  Remove the existing SECTION 2 and replace with the pages attached.  Other providers who want a copy should contact Medicaid Information.  ☐

## 99 - 91    Vision Care: Fees for Refraction Services

Refraction prescriptions are covered by Medicaid as part of the global Medicaid examination fees and cannot be billed  separately to Medicaid clients.  Any Medicaid provider billing the Medicaid clients separately for refractions is violating the provider agreement which states the provider will agree to "accept payment by the STATE as payment in full for Medicaid/UMAP covered services." (Joint Utah Medicaid/Utah Medical Assistance Program (UMAP) Provider Application and Agreement, item B (6).)

Providers who bill clients for services not covered by Medicaid must comply with policy stated in the Utah Medicaid Provider Manual, SECTION 1, GENERAL INFORMATION, Chapter 6 - 9, Exceptions to Prohibition on Billing Patients.  This is a restatement of an old policy, and any provider who has billed Medicaid patients for refractions in the past has done so in error and should **refund** the money to the clients.  ☐

## 99 - 92    Prior Approval Changes for Enbrel, Regranex (becaplermin), Panretin Topical® (9-cis-retinoic acid); Growth Hormone for Adults

The prior approval policy on Enbrel, published April 1999, in Bulletin 99 - 42, Enbrel ® (etanercept) Covered with Prior Authorization, is clarified. There are also three new prior approval policies in the pharmacy program effective October 1, 1999. These are described briefly below. Refer to the Drug Criteria and Limits List attached for specific policy.

**Prior Approval Changes**

1. Two items in the prior approval policy for Enbrel are modified as follows:

   Item 'B': The first sentence now states, "There are ten conditions for coverage:"

   A new sentence is added to Item 'E' as follows:
   Initial prior approval is for 12 weeks - 24 kits maximum. . . .

2. Panretin Topical® (9-*cis*-retinoic acid) Gel 0.1% has been placed on prior approval. Panretin is only approved for use in Kaposi's Sarcoma. Retin-A® (*trans*-retinoic acid) must be tried first for this indication. Retin-A coverage has been opened for adults over age twenty, via prior approval, for Kaposi's Sarcoma only.

3. Access to Regranex has been changed. The DUR Board has placed a prior approval on Regranex for all clients. Clients that are admitted to a nursing home with an existing diabetic foot ulcer may receive Regranex via prior approval. Regranex is not covered for clients that develop a diabetic foot ulcer while residing in a nursing home. Skin care is part of the per diem payment.

4. Growth Hormone for adults with AIDS wasting approved for use with prior approval. The DUR Board has approved the use of growth Hormone for adults with aids wasting. A trial period on the anabolic steroid oxandrolone (Oxandron®) must be tried first.

### Drug Criteria and Limits List Updated

The Drug Criteria and Limits List has been updated to include the criteria in this bulletin.

- Former pages 2A and 2B, Limits on Certain Drugs, are renumbered as pages 3 and 4.

- On page 10, the drug group is renamed **Growth Hormones for Children**.

- Former pages 11 and 12, criteria for Darvon®, Darvocet N® and Zofran® (ondansetron HCL), are renumbered as pages 13 and 14.

- Pharmacists and providers of physician services will find attached pages 1 - 2 and 15 through 20 to update their list. Please keep the last four, unnumbered pages of the list which are the Growth Charts for girls and boys, ages 2 through 18. ☐

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## 99 - 94  Utah Medicaid Provider Manual, SECTION 1, GENERAL INFORMATION, Updated

SECTION 1, GENERAL INFORMATION, of the Utah Medicaid Provider Manual has been updated to include information issued in Medicaid Information Bulletins from April 1996 through July 1999.  In the process of adding these bulletins to SECTION 1, a chapter is added on Fee-for-Service claims, and several other chapters have been reorganized.

All of the text added to SECTION 1 has been issued previously.  No new changes are intended.  For quick reference, the table below indicates the number and title of each bulletin, the date each was published, and where the information was added to SECTION 1.

**Electronic Version of SECTION 1**

The updated SECTION 1 is available in electronic format on the Internet at:

**www.health.state.ut.us/medicaid/SECTION1.pdf**

We hope you find the electronic version more convenient to use than a printed paper copy, especially since the revised SECTION 1 is now 64 pages.  You can choose electronic features such as searching for a keyword and links.  You can also print a paper copy that will appear exactly like the version you see on your computer screen.

Suggestions for improving the electronic format may be sent to the editor of the Medicaid Information Bulletin, Donna Kramer, by email,  dkramer@doh.state.ut.us, or call Medicaid Information and ask to be transferred to Donna Kramer.  Her direct number is (801) 538-7077.

If you prefer a printed copy of the updated SECTION 1 to be mailed to you, instead of printing a copy of the electronic version on the Internet, contact Medicaid Information.  The cost to print and mail the updated SECTION 1 to all Medicaid providers would exceed $9,000, so we hope that the inconvenience of you having to call to request a printed copy is offset by your understanding of the cost-savings.  Request SECTION 1 dated October 1999.

**Internet Sites**

Utah Department of Heath: www.health.state.ut.us

Utah Medicaid Program: www.health.state.ut.us/medicaid

Utah Medicaid Program, Information for Providers:

www.health.state.ut.us/medicaid/html/provider

| Bulletin Number and Title | Date Issued | Added to SECTION 1, Chapter Number and Heading |
|---|---|---|
| 96-28  Capitated Managed Care Plans and Prior Authorization | April 1996 | Chapter 4 - 4, Managed Care Plans and Prior Authorization |
| 96-29  Physicians:  Billing Services for Newborns | | Chapter 11 - 5, Billing Services for Newborns |
| 96-30  Ensuring Payment for Ancillary Services | | Chapter 9 - 8, Ancillary Services |
| 96-32  Pharmacists:  Payments for Foster Care Children Not Eligible for Medicaid | | Chapter 13 - 5, Children in State Custody (Foster Care) |
| 96-42  Exemption from Mandatory HMO Enrollment | July 1996 | Chapter 4, MANAGED CARE PLANS<br>Chapter 4 - 5, Exemption for Mandatory HMO Enrollment |
| 96-43  Prepaid Mental Health Plans Now Include Tooele County issued | | Chapter 4 - 2, Mental Health Services 4 -6, Emergency Services |
| 96-45  Billing Medicaid or UMAP Patients | | Chapter 6 - 7, Medicaid as Payment in Full |
| 96-49  Recipient Restriction Program | | Chapter 1 - 5, Restriction Program |
| 96-51  Billing Patients: Spenddown Program and Form MEEU | | Chapter 6 - 8, Exceptions to Prohibition on Billing Patients , item 4 |
| 96-65  New Telephone Menu for Medicaid Information<br>96-66  Physician Referral Process Streamlined | October 1996 | Chapter 12, MEDICAID INFORMATION<br>Chapter 6 - 10, Physician Referrals |
| 96-69  New Billing Form and Process for Reimbursement for Administrative Physicals | | Chapter 13 - 5, Administrative Physicals |
| 97-01  1984 HCFA Form No Longer Accepted<br>97-34  1984 HCFA Form No Longer Accepted | January 1997 | Chapter 11 - 9, Billing Medicaid, item 2. Paper claims |

| | | |
|---|---|---|
| 97-07 Medical Transportation To Nearest Provider Only<br>97-36 Claims with a Physician Referral April 1997 | | Chapter 6 - 10, Physician Referrals<br>Chapter 12, MEDICAID INFORMATION |
| 97-13 Medicaid Restriction Program Clients Enrolled in HMOs | April 1997 | Chapter 1 - 5, Restriction Program |
| 97-25 Electronic Mail Access to Medicaid Staff<br>97-26 Internet Access to Medicaid ('Surfing' with the Department of Health) | | Chapter 12, MEDICAID INFORMATION<br>Chapter 12 - 1 Internet Site |
| 97-33 Clarifying Purpose of Medicaid Information Bulletin | | Chapter 3, FEE-FOR-SERVICE MEDICAI D<br>Chapter 1 - 5, Restriction Program<br>Chapter 4 - 7, Complaints and Grievances |
| 97-38 Criteria for Reviewing Prior Authorization Requests | | Chapter 9 - 3, Criteria |
| 97-39 ANSI Standards Requirements | | Chapter 11 - 9, Billing Medicaid |
| 97-62 Services Available for Medicaid Applicants with Special Needs | October 1997 | Chapter 1 - 1, Applying for Medicaid |
| 97-72 Pharmacists: $1.00 Copayment Required for Medicaid Prescriptions! | | Chapter 13 - 2, Presumptive Eligibility Program (Baby Your Baby) |
| 97-84 Medicare / Medicaid Cross-Over Claims | | Chapter 11 - 7, Filing Crossover Claims |
| 97-85 Medicaid Paper Claims No Longer Accepted at Reception Desk for Utah Department of Health<br>97-89 Physicians and Anesthesiologists: Baby Your Baby Card Covers Prenatal Services Only! | | Chapter 5, VERIFYING MEDICAID ELIGIBILITY |
| 97-90 Pharmacy Providers: Client Identification Numbers Ending in 'V' or 'X' | | Chapter 5, VERIFYING MEDICAID ELIGIBILITY<br>Chapter 5 - 2, Interim Verification of Medicaid Eligibility (Form 695)<br>Chapter 13 - 2, Presumptive Eligibility Program (Baby Your Baby) |
| 97-97 Group Health Insurance and Medicaid: Certificate of Coverage | | Chapter 2 - 4, Group Health Insurance and Medicaid: Certificate of Coverage |
| 98-06 Prohibition on Billing Medicaid Patients | January 1998 | Chapter 13 - 2, Presumptive Eligibility Program (Baby Your Baby) |
| 98-13 Medicaid Requirement for Access to Records | | Chapter 10 - 3, Access to Records |
| 98-20 Suspension or Termination from Medicaid | | Chapter 6 - 15 Administrative Review/Fair Hearing |
| 98-28 Mailing Address Change for Division of Health Care Financing (Medicaid) | April 1998 | Chapter 7 - 1, Determination of Compliance with Standards |
| 98-35 Dental Providers-Free Software | | Chapter 11 - 9, Billing Medicaid |
| 98-43 Chiropractic Medicine Manual Revised | | Chapter 4 - 3, Other Managed Care Plans |
| 98-64 Hospitals: ELECTRONIC UB-92 Claims Required<br>99-05 Filing Medicare/Medicaid Crossover Claims | | Chapter 11 - 7, Filing Crossover Claim 11-9, Billing Medicaid |
| 98-79 Phone Numbers Change at Blue Cross | | Chapter 11 - 7, Filing Crossover Claims |
| 98-81 Children's Health Insurance Program (CHIP) | | Chapter 13 - 6, Child Health Insurance Program (CHIP) |
| 98-92 Civil Rights Compliance | | Chapter 6 - 5, Discrimination Prohibited October 1998 |
| 99-01 Reminder: All Paper Claims Must Be Sent by Mail | January 1999 | Chapter 12, MEDICAID INFORMATION |
| 99-04 Unacceptable Billing Practices | | Chapter 11 - 3, Unacceptable Billing Practices |
| 99-23 Medicaid Authorization: Prior and Retroactive | | Chapter 9, PRIOR AUTHORIZATION |
| 99-70 Payer Specific Instructions for HCFA-1500 Claims Discontinued | | Chapter 11 - 9, Billing Medicaid |
| 98-39 Ensure Reimbursement for Services to Children in Foster Care | | Chapter 13 - 4, Custody Medical Care Program<br>Chapter 13 - 5, Children in State Custody (Foster Care) |
| 99-26 HMO Choice APRIL 99 | | Chapter 4 - 8, Changing HMOs |
| 99-30 Make Sure Medicaid Clients Receive All Medically Necessary Services | | Chapter 6 - 12, Ensure All Medically Necessary Services and Medicaid Coverage |
| 99-69 Emergency Services Program | July 99 | Chapter 1 - 6, Emergency Services Program |

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## 99 - 95   Medicaid Publications on the Internet

Medicaid bulletins, manuals and brochures are available on the Internet using the software product Adobe Acrobat Reader®. This product allows documents to appear electronically exactly like the original, printed publication. You can use any computer, any browser, and any printer to print a document from the Internet which looks just like the original.

Before you can view and print documents, Acrobat Reader®, a FREE software product, must be installed on your personal computer. Acrobat Reader offers tools such as quick links, search, find, and copying text to help the end user. The Internet document cannot be modified by the end user.

If Acrobat Reader is not yet installed on your personal computer, and you have a new version of an Internet browser (for example, Netscape 4 or newer), usually Acrobat Reader will self-install on your computer when you link to a document in Acrobat format. After a short delay for the one-time only installation, the document will open in a separate window on the computer screen.

Users who have an older Internet browser may have to assist the software installation. Select the link to Adobe Acrobat Reader and follow instructions. With some browsers, you may have one more step. If presented with a menu choice before the bulletin opens, choose 'pick app'. Select the file 'acrord 32.exe', typically located in the folder Netscape - Acrobat 3 - reader - program. Select the 'acrord 32.exe' file to complete installation of Acrobat Reader. Once Reader is installed, the document will open in a separate window on the computer screen.

If you have problems, Adobe offers customer support and trouble-shooting suggestions on the Internet:

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If there are questions about the use of Adobe Acrobat or comments about the format of Medicaid publications, please contact the editor Donna Kramer:

E-mail: dkramer@doh.state.ut.us
Telephone: 801-538-7077; or call toll-free 1-800-662-9651 (Medicaid Information) and ask to be transferred to Donna Kramer.  □

## 99 - 96   Department of Health Initiates a Long Term Care Demonstration Project

On August 10, 1999, Rod Betit, Executive Director, authorized the start up of a three-year long term care demonstration project designed to gain experience in effectively transitioning an appropriate segment of the Medicaid nursing home population into a home setting or other alternative community-based setting through the use of individualized case management. The primary objectives of the demonstration project are: (1) to determine the added value a case manager contributes to achieving an aggressive treatment plan which enables individuals to return to their home or other living arrangement of choice and (2) to determine more clearly the medical, social, and other health care factors which are key elements in determining the appropriate setting in which each individual can be served in a safe and effective manner.

The demonstration project will serve up to 500 Medicaid recipients at any given time during the 3-year period and will be limited to individuals residing in Davis County, Salt Lake County, and Utah County. The Department of Health has contracted with United Health Care of Utah which will partner with Heritage Management, Incorporated to operate the demonstration project. Medicaid recipients who qualify for the project and voluntarily request to participate will be enrolled in the United Health Care of Utah Medicaid HMO and will receive primary and acute care services and an expanded array of long term care services through this arrangement.

This demonstration project is an addition to the existing options for long term care offered by the Utah State Medicaid Agency. Medicaid recipients requiring long term care services continue to have full freedom of choice among available programs for which they qualify.

For information about this long term care demonstration project, you can contact Mark Albertson, Project Director for United Health Care of Utah/Heritage Management (telephone number 596-8844) or John Williams at the Division of Health Care Financing (telephone number 584-1914 or 538-9269).  □

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## 99 - 97    Diabetes Self-Management Training

Effective October 1, 1999, code Y0944, Diabetes Self-Management Training, will be available for use by authorized diabetes self management providers. Patient preauthorization will be required to receive diabetes self management training.

### Patient Preauthorization

A newly diagnosed patient with Type I, Type II, or gestational diabetes or a patient previously diagnosed with Type I or Type II diabetes, is eligible to receive diabetes self management training through Medicaid when:

• The physician provides a referral for the patient who has never had a diabetes self management training course. The course is limited to 10 sessions.

• The patient completed the diabetes training at least 12 months ago, and the physician refers the patient for a specified number of refresher diabetes training sessions because:
  1. The patient has progressed in diabetes illness to require further management training or the patient has indications they are noncompliant with treatment.
  2. Patient has complications of diabetes requiring two or more visits to the emergency room during the last six months or a hospital admission related to diabetes within the last year.

At preauthorization the following patient information should be provided:

• Patient is informed of the importance of completing the series of classes and agrees to sign a contract agreement to make every attempt to follow through with education sessions.

• The patient is informed that if they do not complete the classes, there is a one year waiting period before further classes will be authorized.

### Authorized Providers

Diabetes self management training must be provided through a state or nationally recognized provider. Providers **must** obtain authorization to become a recognized provider for diabetes self management training. Providers who may become recognized for reimbursement include:

1. an American Diabetes Association (ADA) recognized program or ADA certified diabetes educator

   Individuals or entities interested in recognition from Education Recognition Program (ERP) should contact the ADA's national office at 1-888-232-0822.

2. a Utah State Department of Health-certified educator

   Individuals or entities interested in Health Department certification should contact the Chronic Disease Diabetes Program at 538-6141.

### Physician Services Manual Updated

The policy on diabetes self-management training is added to the Utah Medicaid Provider Manual for Physician Services, SECTION 2, PHYSICIAN SERVICES, Chapter 2, Covered Services, as a new item 30. Remove pages 12 and 13 in SECTION 2 and replace with the pages 12 -13 attached. □

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